

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/12/2017

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445215	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/11/2017
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NAME OF PROVIDER OR SUPPLIER

HERITAGE CENTER, THE

STREET ADDRESS, CITY, STATE ZIP CODE

1026 MCFARLAND STREET

MORRISTOWN, TN 37814

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 000 INITIAL COMMENTS

A Life Safety Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 1/11/17. During this Life Safety Survey, Heritage Center Nursing Home was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101 - 2012 edition.

The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:

K 353 NFPA 101 Sprinkler System - Maintenance and Testing

Sprinkler System - Maintenance and Testing
Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.

a) Date sprinkler system last checked

b) Who provided system test

c) Water system supply source

Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.

9.7.5, 9.7.7, 9.7.8, and NFPA 25

This STANDARD is not met as evidenced by:

K 000

The Heritage Center is committed to upholding the highest standard of care for its residents. This includes substantial compliance with all applicable standards and regulatory requirements. The facility respectfully works in cooperation with the State of Tennessee Department of Health toward the best interest of those who require the services we provide.

While this Plan of Correction is not to be considered an admission of validity of any findings, it is submitted in good faith as a required response to the survey conducted January 9-11, 2017. This Plan of Correction is the facility's allegation of substantial compliance with Federal and State Regulations.

K 353

K353 NFPA 101 SPRINKLER SYSTEM - MAINTENANCE AND TESTING

CORRECTIVE ACTION:

The five (5) corroded sprinkler heads for the following locations will be replaced with new sprinkler heads of the same type:

2/20/17

- 2 of 2 sprinkler heads in laundry where the washing machines are located.
- 1 of 1 sprinkler heads outside under the porch overhang of the exit discharge by the laundry department.
- 1 of 4 sprinkler heads in the boiler room
- 1 of 9 sprinkler heads in the dietary department.

Completion date 2/20/2017.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Senior Executive Director

1-20-17

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER HERITAGE CENTER, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1026 MCFARLAND STREET MORRISTOWN, TN 37814		
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K 353	<p>Continued From page 1</p> <p>Based on observation, record review and interview, the facility failed to maintain the automatic sprinkler system.</p> <p>NFPA 101 2012 Ed. 19.3.5, 9.7, 9.7.5 NFPA 25 2011 Ed. Table 8.1.2, Table 8.1.1.2, 8.2.2, 8.3.2.8</p> <p>The deficiencies affect 5 of 5 smoke compartments. The census the day of the survey was 165 residents.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Observation on 1/11/17 between 1:40 PM and 2:25 PM revealed the following locations have corroded sprinkler heads: <ol style="list-style-type: none"> a. 2 of 2 sprinkler heads in laundry where the washing machines are located. b. 1 of 1 sprinkler heads outside under the porch overhang of the exit discharge by the laundry department. c. 1 of 4 sprinkler heads in the boiler room. d. 1 of 9 sprinkler heads in the dietary department. 2. Record review and interview with maintenance director on 1/11/17 at 11:14 AM revealed the weekly and monthly checklist items for electric fire pumps are not being documented. <p>The maintenance director was present was the deficiencies were identified and acknowledged by the administrator during the exit conference on 1/11/17.</p>	K 353	<p>2. The weekly and monthly checklist items for the electric fire pumps will be documented as required.</p> <p>Completion date 2/20/2017.</p> <p><u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> All residents have the potential to be affected.</p> <p><u>SYSTEMIC CHANGES:</u> All facility sprinkler heads will be inspected by the Maintenance Director and/or designee to ensure compliance with NFPA 101 2012 Ed. 19.3.5, 9.7, 9.7.5. The weekly and monthly checklist items for the electric fire pumps will be documented as required to ensure compliance with NFPA 25 2011 Ed. Table 8.1.2, Table 8.1.1.2, 8.2.2, 8.3.2.8. Completion date 2/20/2017. The Maintenance Director and/or designee will conduct a monthly audit x 2 months to ensure compliance with NFPA 101 2012 Ed. 19.3.5, 9.7, 9.7.5 and NFPA 25 2011 Ed. Table 8.1.2, Table 8.1.1.2, 8.2.2, 8.3.2.8.</p> <p><u>MONITORING:</u> The Maintenance Director and/or designee will report the monthly audit results to the Performance Improvement Committee on a monthly basis x 2 months for further interventions if indicated. Performance Improvement Committee members include the Executive Director, Director of Nursing, Assistant Directors of Nursing, Medical Director, Staff Development Coordinator, and Department Managers</p>	2/20/17 2/20/17 2/20/17	
K 902	NFPA 101 Gas and Vacuum Piped Systems - SS-F Other	K 902			

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K 902	<p>Continued From page 2</p> <p>Gas and Vacuum Piped Systems - Other List in the REMARKS section any NFPA 99 Chapter 5 Gas and Vacuum Systems requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567, Chapter 5 (NI-PA 99)</p> <p>This STANDARD is not met as evidenced by: Based on record review, the facility failed to maintain the piped in medical gas system.</p> <p>NFPA 101 2012 Ed. 19.3.2.4 NFPA 99 2012 Ed. 5.1.4.4.2</p> <p>The deficiency affects 5 of 5 smoke compartments. The census the day of the survey was 165 residents.</p> <p>The findings include:</p> <p>Record review of the medical gas system on 1/11/17 at 11:45 AM revealed the source valve for the piped in medical gas system is not labeled for identification</p> <p>The maintenance director was present was the deficiency was identified and acknowledged by the administrator during the exit conference on 1/11/17.</p>	K 902	<p>K902 NFPA 101 GAS AND VACUUM PIPED SYSTEMS - OTHER</p> <p><u>CORRECTIVE ACTION</u> The source valve for the piped in medical gas system will be labeled for identification. Completion date 2/20/2017.</p> <p><u>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</u> All residents have the potential to be affected. 2/20/17</p> <p><u>SYSTEMIC CHANGES:</u> The source valve for the piped in medical gas system will be inspected by the Maintenance Director and/or designee to ensure compliance with NFPA 101 2012 Ed. 19.3.2.4 and NFPA 99 2012 Ed. 5.1.4.4.2. Completion date 2/20/2017. The Maintenance Director and/or designee will conduct a monthly audit x 2 months to ensure compliance with NFPA 101 2012 Ed. 19.3.2.4 and NFPA 99 2012 Ed. 5.1.4.4.2. 2/20/17</p> <p><u>MONITORING:</u> The Maintenance Director and/or designee will report the monthly audit results to the Performance Improvement Committee on a monthly basis x 2 months for further interventions if indicated. Performance Improvement Committee members include the Executive Director, Director of Nursing, Assistant Directors of Nursing, Medical Director, Staff Development Coordinator, and Department Managers.</p>	2/20/17	